MAINE EMS
SERVICE LICENSE APPLICATION

For what license are you applying (check all that apply)?

☐ 1. New Service License (Complete all sections of this application)
☐ 2. Upgrade in License Level (Complete sections I, II, III, IV, VII, X, XI)
☐ 3. Downgrade in License Level (Complete sections I, II, III, IV, VII, X, XI)
☐ 4. Change in Permit Level (Complete sections I, II, III, IV, V, VII, X, XI)
☐ 5. Change in Primary Service Area (Complete sections I, III, IV, V, VI, XI)
☐ 6. Change in Secondary Service Area (Complete sections I, III, IV, V, VI, XI)
☐ 7. Change in Service Name (Complete sections I, III, IV, V, XI)
☐ 8. Change in Base Location (Complete sections I, III, IV, V, VI, VIII, XI)

Section I - Service Information

A. Service Name: _____ Service #: _____

Mailing Address: _____ Shipping Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

B. Ambulance Base - Street address: _____

City: _____ County: _____

C. Business Telephone #: _____ Ambulance Base Telephone #: _____

D. Please indicate the type of organization that will hold the service license and check the legal status of the entity (a-h):

Legal name of entity that is applying for the license: _____

Federal Tax ID# (EIN): _____

a. _____Municipal Fire Dept b. _____Municipal EMS Dept c. _____Non Profit Corp d. _____For Profit Corp
e. _____Sole Proprietorship f. _____Partnership g. _____Limited Liability Company h. _____State/Fed. Gov't

Note: If you checked boxes c, d, e, f or g, above, you must attach 4 character references in accordance with Chapter 3 §5.1.C.4.

Section II - Authorized Service Representatives (ASR) and Designated Infection Control Officers (DICO)

List the names and telephone numbers of the Director/Chief, Assistant Director/Chief, other authorized service representatives, and the DICO and Alternate DICO for the service.

1. Director/Chief: _____ Telephone # - (Day): _____ (Night): _____

2. Ass't Director/Chief: _____ Telephone # - (Day): _____ (Night): _____

3. Alternate ASR: _____ Telephone # - (Day): _____ (Night): _____

4. Alternate ASR: _____ Telephone # - (Day): _____ (Night): _____

DICO: _____ Telephone # - (Day): _____ (Night): _____

Alt. DICO: _____ Telephone # - (Day): _____ (Night): _____

Section III - Service Type - For what type of service license are you applying?

_____ Transporting Ambulance Service
_____ Non-Transporting Service
_____ Paramedic Air Rescue
_____ Paramedic Air Transfer
_____ Restricted Response Air Ambulance Service

Section IV - License Level

Please indicate the license level at which the service can provide at least one EMS provider, licensed at the level of the service, on all emergency medical calls. This is the license level you may advertise.
(Note: Transporting Ambulance Services may not license at the first responder level).

_____ First Responder
_____ EMT-Basic
_____ EMT-Intermediate
_____ EMT-Critical Care
_____ Paramedic

Note: If applying for licensure at the EMT-Critical Care or Paramedic level, a copy of the service's agreement with a hospital pharmacy (or other Maine EMS approved pharmacy) must be attached to this application. A pharmacy agreement must also be attached if the application is for EMT-Intermediate and the service will be using EMT-Intermediate medications.

Section V - Service Permit Level

A. Please indicate the level of care to which the service requests authorization to provide on a part time basis. This is the permit level of the service, and may not be advertised to the public.

_____ EMT-Basic _____ EMT-Intermediate _____ EMT-Critical Care _____ Paramedic

Note: If applying for permit at the EMT-Intermediate, EMT-Critical Care or Paramedic level, a copy of the service's agreement with a hospital pharmacy for the dispensation of drugs must be attached to this application. A pharmacy agreement must also be attached if the application is for EMT-Intermediate and the service will be using EMT-Intermediate medications.

Section VI - Service Area

A. **Primary Response Area** - List, by city or town, the service's Primary Response Area. A Primary Response Area is defined as the area(s) to which a service is made routinely available when called by the public to respond to medical emergencies.

_____ _____ _____
_____ _____ _____

B. **Secondary Response Area** - List, by city or town, the service's Secondary Response Area. A Secondary Response Area is defined as the area(s) to which the service is routinely made available when called by other Maine EMS licensed services or health care facilities, as a specialty or mutual aid responder for medical emergencies.

_____ _____ _____
_____ _____ _____

Section VII Quality Assurance/Quality Improvement Committee

List, by position (e.g. Service Director, Paramedic, EMT), the members of your service's Quality Assurance/Quality Improvement Committee, and attach a copy of your services quality improvement program

_____ _____ _____
_____ _____ _____

Section VIII - Communications

A. Describe the method for public access to the service; the name of the dispatch center; explanation of the dispatch method and procedures; type and quantity of communications equipment to be utilized; and a list of radio frequencies utilized by the service (use additional sheets as necessary): _____
_____
_____
_____
_____

B. Please list the following telephone numbers for the service:

Emergency Dispatch: _____
Secondary Emergency Dispatch (other than 911): _____
Dispatch Business Number: _____

Section IX - Vehicle Information

A. List, below, the vehicle(s) for which the service requests ambulance vehicle licensure (attach extra sheets as necessary:

Year	Chassis Mfg	Amb Mfg	VIN# -Last five numbers/letters	Type	DMV#	Maine EMS#

B. List, below, the vehicle(s), other than the service's licensed ambulances, for which the service requests Emergency Medical Services Vehicle (EMSV) authorization. EMSV must be owned or leased, and operated, by the Service named in this application.

Year	Chassis Mfg	VIN# - Last five numbers/letters	DMV#	Maine EMS#

Section X - Personnel

List the (EMS) licensed personnel for your service. Attach additional sheets if necessary. (If the application is for a request to permit only, list only those personnel who are licensed at the proposed permit level.)

Name	EMS Lic#	License Level		Name	EMS Lic#	License Level

Section XI - Endorsements

A. Transporting Service Endorsement for Non Transporting Services

I certify that the below named ambulance service has a letter of understanding or other written agreement in effect with the applicant which provides for the simultaneous dispatch, and transport of patients, as required in chapter 3 §5.1.C.5 of the Maine EMS Rules.

Name of Transporting Service: _____ Service #: _____

Signature of Authorized Representative: _____ Date: _____

Print Name of Authorized Representative: _____

B. Medical Control Endorsement:

As the Regional Medical Director, I have reviewed this application and have determined that the Quality Assurance/Quality Improvement, Advanced Life Support (ALS) backup and the Medical Control for the proposed type of service and level of care arrangements are adequate, according to criteria published and approved by Maine EMS.

Regional Medical Director: _____ Date: _____
Signature

C. Service Representative Endorsement

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge and belief; that the service is eligible for licensure/authorization in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. §§ 81 et seq); that the service possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel providing medical care on behalf of the service possess current and valid Maine EMS licenses. Further, I request that the Maine EMS Board approve the Service's Quality Assurance/Quality Improvement Committee in accordance with 32 M.R.S.A. §92-A et seq.

Print Name: _____ Signature: _____ Date: _____

Fee Schedule

Service Fee.....$100.00 per year
Ambulance Vehicle Fee.....$60.00 per year
EMS Vehicle Fee.....$60.00 per year

Payment must be enclosed with the application
Make check payable to: **Treasurer of State**

Have You:

Completed the Application?
Attached All Required Documentation?
Obtained Required Signatures?
Enclosed the Correct Payment?

Mail your application package to your local Regional EMS office

Southern Maine EMS, 496 Ocean Street, South Portland, ME 04106
Tri-County EMS, 300 Main Street, Lewiston, ME 04240
Kennebec Valley EMS, 71 Halifax Street, Winslow, ME 04901
Northeast EMS, 354 Hogan Road, Bangor, ME 04401
Aroostook EMS, 22A Birdseye Avenue, Caribou, ME 04736
Mid Coast EMS, PO Box 610, Union, ME 04862

Maine EMS, 152 State House Station, Augusta, ME 04333-0152
207-626-3860

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